

(1) Person Filing: _____
Street Address: _____
City, State, Zip: _____
Phone Number: _____
Representing Self

SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO

(2) Petitioner: _____ (4) Case Number: DO _____

PROPOSED RESOLUTION STATEMENT

(3) Respondent: _____ (5) ☐ **DIVORCE/SEPARATION**
☐ **CUSTODY/PATERNITY**

(6) I am the ☐ Petitioner or ☐ Respondent.

(7) TITLE IV-D CASE:

- ☐ I and/or my children receive or have received public assistance that may include AFDC, TANF, or AHCCCS.
☐ I have a case with the Division of Child Support Enforcement.

(8) MINOR CHILDREN:

The following children are under 18, or are 18 and in high school, and are my and the other party's biological or adopted children:

Name:	Birthdate:	Age:
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHILD CUSTODY:

I want custody as follows.

(9) ☐ The other party agrees.

(10) ☐ **Joint Custody:** Award the parents joint custody of the children as set forth in the Parenting Plan Joint Custody Agreement we signed. No significant domestic violence has occurred between the parties. ☐ The Parenting Plan is attached or ☐ the Parenting Plan, dated _____ was filed previously.

(11) ☐ **Sole Custody:** Award ☐ Mother or ☐ Father sole legal custody and physical custody of the children, subject to the following parenting time rights to the non-custodial parent:

PARENTING TIME:

I want parenting time as follows.

(12) ☐ The other party agrees.

(13) ☐ **Parenting time plan:**

(14) ☐ **Supervised parenting time:** Unsupervised parenting time would seriously endanger the children's physical, mental, moral, or emotional health because:

Parenting time may take place only in the presence of another person, named as follows:

Other restrictions on parenting time:

The cost of supervised parenting time, if any, will be paid ☐ by the parent being supervised or ☐ by the custodial parent or ☐ equally by both parties.

(15) ☐ **No parenting time:** Even supervised parenting time with the other parent would seriously endanger the children's physical, mental, moral, or emotional health because:

CHILD SUPPORT:

(16) **Parent's Worksheet for Child Support Amount:** ☐ The attached Worksheet or ☐ the Worksheet dated _____, filed previously, shows the financial factors necessary to calculate child support under the Arizona Child Support Guidelines.

☐ The other party agrees.

(17) **Past Support:** Past support should be paid by ☐ Mother or ☐ Father for the period of _____ through _____ in the amount of \$ _____.

☐ The other party agrees.

For Custody/Paternity Cases:

(18) **Direct Payments:** I ☐ received or ☐ paid direct payments for support for the period of _____ through _____ in the amount of \$ _____.

(19) **Past Medical Expenses:** ☐ Mother or ☐ Father should pay the other party \$ _____
for the cost of pregnancy, childbirth, and/or the children's past medical expenses.
☐ The other party agrees.

(20) **TAX EXEMPTIONS:**

I want our income tax dependency exemptions divided as follows.

☐ The other party agrees.

Parent Entitled to Claim:

Me	My Spouse	Child's Name	Tax Years
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SPOUSAL SUPPORT (for Divorce and Separation cases only):

(21) ☐ I pay spousal support ordered for another marriage.

(22) I want spousal support as follows.

☐ The other party agrees.

☐ Neither party is entitled to spousal support.

☐ Award ☐ me or ☐ my spouse \$ _____ per month in spousal support from the other party beginning the first day of the month after the Decree is signed. Order that payments be made by the first day of each month thereafter and continue until the receiving party is remarried or deceased or until _____, whichever is sooner.

PROPERTY AND DEBTS (for Divorce and Separation cases only):

(23) Community property and debts should be divided and separate property and debts should be confirmed as listed in ☐ the attached Exhibit A or ☐ the Exhibit A, dated _____, filed previously.

☐ The other party agrees.

(24) **ATTORNEY'S FEES:**

If the case is settled today, I want the court to order attorney's fees as follows.

☐ The other party agrees.

☐ Each party to pay his or own attorney's fees and costs.

☐ Petitioner to pay the other party \$ _____ for attorneys' fees and costs within _____ days.

☐ Respondent to pay the other party \$_____ for attorneys' fees and costs within _____ days.

NAME CHANGE:

(25) Restoration of Former Name (for Divorce cases only):

Restore me to my former name of _____

(26) Children's Name Change (for Paternity cases only):

I want the following name changes.

☐ The other party agrees.

☐ Order that Father's name be added to each child's birth certificate.

☐ Order each child's last name changed to Father's last name and a new birth certificate issued for each child showing the new name.

(27) OTHER ISSUES:

I believe the following other issues must be resolved to fully settle this case:

SETTLEMENT:

The above statements are true upon my best information and belief and I am willing to settle and resolve this case based on that information. I will be prepared to show documentation to support my position at the time of the conference or hearing.

(28) Date: _____

Signature: _____